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Short-duration country programme document

Lebanon

Summary

The short-duration country programme document for Lebanon is presented to the Executive Board for discussion and approval. The Board is requested to approve the aggregate indicative budget of $616,000 in regular resources, subject to the availability of funds, and $5,000,000 in other resources, subject to the availability of specific-purpose contributions, for 2008.

* E/ICEF/2007/8.
Note: Submission of this document was delayed for technical reasons.

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The situation of children and women

1. The situation of children and women in Lebanon has been heavily affected by political and economic turbulence since February 2005, when former Prime Minister Rafik Hariri was assassinated. This was followed by military conflict with Israel in summer 2006, which continued to reverberate and influence internal conflicts in 2007. Lebanon continues to face a wide range of vulnerability factors: (a) an unstable political and social situation deeply rooted in an increasingly uneven distribution of national wealth, which leaves a large portion of the population suffering from extreme deprivation and exclusion; (b) an ongoing governance crises; and (c) and a sense of crisis and disillusionment combined with disintegration of the society.

2. In addition to massive economic and physical infrastructure devastation, the 2006 conflict between Lebanon and Israel resulted in considerable loss of life (with children and women disproportionately victimized), injuries, disabilities, emigration, interruption of normal schooling, displacement of families, and other problems. Loss of employment is likely to continue to increase poverty and vulnerability, especially in the conflict-affected areas, where the incidence of extreme poverty may reach up to 14 per cent (against the national average of 5 per cent). Relative poverty affects an estimated 25 per cent of the population nationwide, and up to 40 per cent in the Beqaa Valley and South Lebanon (Living Conditions Index, February 2007).

3. The well-being of children and women depends on the availability, affordability and quality of social services, which are currently extraordinarily fragmented. Over 50 per cent of education, and up to 90 per cent of primary health care, needs are satisfied by private (or non-governmental) service providers, while more than 30 per cent of drinking water needs are covered by the private sector. The capacity of Government Ministries to implement policies and maintain standards or monitor service delivery is limited, while the quality of both public and private services is often questionable and does not correlate with their overall cost. Public sector reform stalled in the face of continuing political turmoil, and several sectors have suffered because laws have not been implemented. Of particular concern is the fact that none of the governmental institutions have a built-in preparedness capacity to handle emergencies.

4. Only 20 per cent of the country's extensive network of health centres and other outpatient services are administered by the Ministry of Public Health and other Government agencies. Given that 60-70 per cent of people in the governorates of North Lebanon, Nabatieh and South Lebanon do not benefit from any health insurance programmes, these populations do not have guaranteed access to private services.

5. Problematic access to affordable health care services translates into a much higher infant mortality rate (IMR) and under-five mortality rate (U5MR) in selected territories compared to the national averages. For example, according to the Pan Arab Project for Family Health (PAPFAM, 2004), these rates in the Governorate of Beqaa are 17.5 and 35.8 per 1,000 live births, respectively, much higher than the national averages of 9.2 and 18.3 per 1,000 live births. Of particular concern was the unexpected discovery by the PAPFAM survey of very high levels of IMR and U5MR in the Governorate of Beirut, with respective indicators reaching 23.9 and

45.6 per 1,000 live births. More analysis is required. Although the Millennium Development Goals 2015 target of reducing Lebanon's IMR to 10 per 1,000 live births appears to have been achieved at the national level, regional variations are probably too high for the result to be sustainable.

6. Immunization coverage rates are not commensurate with the levels expected in a middle-income country. As reported in the PAPFAM survey, in 2004 national coverage rates for the three doses of combined diphtheria/pertussis/tetanus vaccine (DPT-3) and for the measles, mumps and rubella vaccine stood at 43 and 53 per cent,[1] respectively. These rates were lower than those reported in 1990 (82 and 61 per cent, respectively). In Beqaa governorate, the rates did not exceed 30 and 27 per cent. Frequent outbreaks of measles over the past few years reflect insufficient vaccination coverage, as well as the disparities observed across the country.

7. Although according to the PAPFAM survey, 78 per cent of newborns were breast-fed in the first six hours after birth, the rate of exclusive breastfeeding after four months does not exceed 24 per cent, according to a recent study by the American University of Beirut (*Public Health Nutrition* May 2006). Nutritional deficiencies, except those relating to micronutrients, are rare. Qatar Red Crescent reported during the recent crisis that more than 50 per cent of women of child bearing age in the South of Lebanon had iron-deficiency anaemia.

8. The water, sanitation and environment sector has steadily declined for more than 30 years due to complex technical, political and social factors.[2] Although universal access to improved drinking water is usually reported, in reality, as much as 40 per cent of the population does not have regular access to adequate and safe water supply, and almost 100 per cent of water supply sources are at high risk of pollution from sewage, agricultural and industrial runoff (according to data from field-based assessments, including those of UNICEF and the European Union). Most water supply systems work for only a few hours per day, or per week in some places, and there is little capacity for effective maintenance. Water systems in both urban and rural areas in South Lebanon, Beqaa Valley and the southern suburbs of Beirut remain partially disrupted as a consequence of the 2006 hostilities, with up to 1 million people suffering temporary breaks of water supply to their households and/or unsatisfactory quality of water.

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[1] Compared, for example, to 98/98 in Egypt, 98/97 in Morocco, 98/96 in Tunisia, and 88/83 in Algeria (2005 data).

[2] The key underlying causes of these challenges include, but are not limited to: contention and lack of political coherence and commitment; acute gaps and inconsistencies between policies, strategies, legislation and standards, and their implementation and regulation; haphazard and non-regulated urban and rural development, including agriculture and industry; lack of coordination in planning and management across the water, health, agriculture and environment sectors; inadequate institutional arrangements for integrated water resources management; chronic and critical capacity gaps due to attrition and a political stalemate in hiring of new and replacement staff; non transparency regarding sector budget allocations, priority-setting and targeting of actions; unrealistic cost recovery for sustaining services; and, a mismatch of capacities and needs.

9. Although a low-prevalence country, with some 900 HIV/AIDS cases reported as of 2006, Lebanon acknowledges the epidemic's serious threat, and the cases are thought to be underreported.[3] Recent surveys reveal a staggering "knowledge versus practice" gap, as confirmed by the knowledge, attitude and practice surveys. A reasonable degree of knowledge is undermined by unsafe behavioural practices, largely because of a lack of affordable and culturally acceptable counselling services and life skills education (except for some programmes in private schools). For example, only 4 per cent of married women use condoms. Most (60 per cent) transmission occurs through heterosexual relations, and transmission from mother to child is around 3 per cent. Adolescents are at particular risk, and reaching this and other groups with information and services is a challenge.

10. The growing number of out-of-school children presents a particular challenge. As noted in the PAPFAM survey, about 9 per cent of children aged 10 and above are not in school (though this figure does not accord with Ministry of Education enrolment data). Data from non-governmental organizations (NGOs) suggests that up to 40 per cent of adolescents aged 15-18 are out of school. The search for alternatives to low-quality public education, which is still not completely free despite legislation, forces parents of up to 3 per cent of children to opt for residential institutions, where most clientele are not orphans. Regrettably, as a result, Lebanon ranks first place in the world in institutionalization of children (measured in comparison to the country's total child population).

11. Child labour is another growing problem, especially as a result of economic recession and adult employment losses. The 2000 Multiple Indicator Cluster Survey (MICS) recorded child work among children 15-18 years old at 11 per cent, but this figure is expected to be much higher in the upcoming MICS (MICS-3).

12. As many as 2,000 cases of children in conflict with the law are reported annually, and juvenile justice reform is needed to create a child-focused protective environment. The incidents of domestic violence, interpersonal intolerance, and child abuse and neglect are on the rise, with as few as 5 per cent of cases referred to shelters, police, or public facilities. Adolescents and young people face challenges linked to lifestyle, education quality and relevance, and the role and participation of the young in public life. The youth unemployment rate of 16 per cent is double the national average, and a large number of university graduates leave the country. At least 400,000 Lebanese have left the country since summer 2006.

13. No cases of avian influenza have been registered. The degree of cooperation between local authorities and development assistance agencies has been sufficient to secure the required minimum degree of preparedness, with UNICEF leading the preparation of the national communication strategy adopted by all key stakeholders.

[3] According to World Health Organization (WHO) estimates, the actual number of HIV/AIDS cases may vary between 2,500 and 3,000.

The country programme, 2008

Summary budget table

Programme	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Policy analysis and child rights promotion	100	400	500
Child care and development	130	1 200	1 330
Learning	120	1 200	1 320
Young people's empowerment and protection	130	1 200	1 330
Cross-sectoral costs	136	1 000	1 136
Total	**616**	**5 000**	**5 616**

Reasons for extension of the country programme

14. The bridging programme for 2007 is being extended for another year due to the postponement of the Common Country Assessment (CCA) exercise and United Nations Development Assistance Framework (UNDAF) in light of the recent political and social upheavals. It is expected that by the end of 2008, the harmonization of the national development planning process, the UNDAF and UNICEF strategies will provide a strong foundation for UNICEF support in 2009-2013.

15. The estimation of 'other resources' funding for 2008 assumes that donor funding will continue, reflecting the commitments made at the Paris III Lebanon Donors Conference in January 2007. Funding modalities may include the recently established multilateral Lebanon Trust Fund, as well as traditional bilateral arrangements between donors and UNICEF. To date, indications of continued support for programmes in Lebanon have been received from the Swedish International Development Cooperation Agency, the Australian Agency for International Development, several Gulf countries, the Italian National Committee for UNICEF, as well as from the local private sector.

Goals, key results, strategies, and relationship to national priorities and the UNDAF

16. This CPD is based on the national framework for Lebanon's Recovery, Reconstruction and Reform presented to international donors at Paris III. This "recovery package" should, in turn, shape the CCA/UNDAF scheduled for finalization in 2007. Within the assistance framework, UNICEF support will emphasize several thematic areas: national immunization programmes; primary health care services; water, sanitation and hygiene; life skills education (in-school and extra-curricular); child protection systems and services; youth mobilization; and child-focused data collection, policy analysis and partnership-brokering.

17. UNICEF programme planning will be based on statistical information collected during 2004-2007 through the PAPFAM survey, the MICS,[4] the multi-purpose household survey and sectoral plans. However, data gaps will remain. These, combined with the absence of open and comprehensive budgetary expenditure analysis, are expected to challenge the application of the rights-based approach to programming, especially in relation to the accountability of key duty bearers.

18. The 2008 bridging programme is expected to continue the five components of the 2002-2006 country programme and the 2007 bridging programme (see summary budget table).

19. This structure incorporates programme elements added during the emergency in summer 2006 and carried over to 2007, such as water and sanitation,[5] and child protection.[6] The name of the first programme was changed to better reflect the role of UNICEF in brokering partnerships for child rights promotion. The ranking of programme components reflects a change in emphasis from direct sectoral assistance to support for independent analysis, policy promotion and partnership facilitation.

20. The **policy and partnerships for child rights** programme aims to achieve the following results: (a) a completed inventory of national policy analysis capacity, with a cohort of leading experts mobilized as UNICEF allies and promoters of child-focused development strategies and action plans; (b) an improved data supply for policy monitoring and advocacy that accords with the Millennium Development Goals, national development plans, the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, including through the consolidation of national statistical resources in DevInfo managed by the Central Administration for Statistics; (c) modelling of innovative partnerships with the private sector mobilized for social responsibility, technically competent NGOs and development-oriented community actors; and (d) a securing of young people's participation in the national policy dialogue through a special television programme run by young journalists hosted by Lebanon's major television channel. Overall, communication and behavioural change initiatives will play a major role in advocating for children's rights at the national and regional levels. In addition, the presence of important national and media networks will facilitate reaching all segments of the population. In terms of emergency preparedness, updated information will be provided, generated from the MICS-3 and disaggregated to the subregional level; capable partners with reliable outreach networks will be identified; and funds will be mobilized to respond to the crisis.

21. The expected results of the **child care and development** programme are the following: (a) sustainable provision of all public Primary Health Care (PHC) facilities with essential drugs and vaccines through UNICEF procurement services; (b) strengthening the national expanded programme on immunization (EPI) capacity

[4] The MICS-3 is expected to become the first survey in the past several decades to produce data at the subregional level of Qazas (i.e., at the second administrative level after Governorates).

[5] The water, sanitation and hygiene programme component is incorporated in the child care and development programme.

[6] In the absence of a separate child protection programme, the country programme document for 2007 recommended that issues of child neglect, violence, abuse and exploitation be incorporated in the young people's empowerment and protection programme.

by exposing EPI managers and professional staff at the central and peripheral levels to EPI planning techniques, modern cold chain and vaccine management practices, data collection techniques and modalities of interaction with private service providers; (c) streamlining the content and quality of PHC services, with a special focus on maternal and perinatal/neonatal health; (d) revitalization of parenting skills programmes delivered through a variety of community-based health and social assistance facilities. Through a mix of emergency preparedness strategies outlined below (in paragraph 27), the programme will secure the availability of vaccines and the cold chain for emergency immunization; provide health facilities with Essential Drugs, Emergency Obstetric Kits and reserve electric generators, and supply seasonal/winterization equipment to affected populations.

22. Water, sanitation and hygiene will be another important thrust, focusing on several areas: (a) the piloting of an integrated comprehensive package of assistance delivered in selected deprived areas through various channels, including schools and health centres, in order to increase access to safe quality water supply and sanitation services, to bring about safe-behaviour change and to build core capacities for operations and maintenance; (b) capacity development and confidence-building at local, regional and national levels for a sector-wide approach following common standards, strategies, and monitoring and regulatory mechanisms; (c) support to national campaigns for sanitation and hygiene improvement and the promotion of household-level drinking water purification and protection techniques; and (d) advocacy for appropriate policy and legislation development, resource mobilization and targeting and priority-setting. Emergency preparedness activities will include pre-positioning of limited quantities of supplies (water reservoirs, bladders, pipes and generators), the production of hygiene-awareness information, education and communication materials, the training of local municipal and NGO actors on water supply and sanitation/hygiene standards, the screening of the local market for emergency water and sanitation supplies, as well as necessary human resources pre-arrangements to secure UNICEF leadership in the water and sanitation cluster.

23. The **learning** programme aims to empower the Ministry of Education to scale up the holistic child-friendly school (CFS) model and to increase retention and prevent dropout in public schools, paying special attention to girl students.[7] UNICEF will capitalize on its experience and comparative advantage as a traditionally effective field actor in this area. The comprehensive CFS approach will assist the Ministry of Education in planning and budgeting interventions in public schools, paving the road for rebuilding the Ministry's role as a standard-setting and quality-control body. At the sector-wide level, UNICEF will assist the Ministry of Education and Higher Education in developing and introducing a Health/Life Skills education programme reaching children and adolescents within the basic education cycle and involving all programme components. At the same time, UNICEF will pool its technical expertise and advocacy capacity with the United Nations Educational, Scientific and Cultural Organization and the World Bank to advance the national education reform process. In case of any major emergency, public schools are likely to be used as temporary shelters and community outreach hubs. Therefore, a minimal reserve of educational supplies (especially for young children) and recreational kits will be pre-positioned. Local NGO networks will be mapped so

[7] It is worth mentioning that the UNICEF pilot model has already been replicated in a recently approved United States Agency for International Development-funded project allocating $7 million for "packaged" interventions in public schools.

they can cater to children's immediate needs, in collaboration with school administrations and teachers.

24. The **young people's empowerment and protection** programme will include these expected results: (a) the situation of the most vulnerable and largely "invisible" groups of children, including those institutionalized, abused, maltreated and exploited, is brought to the fore of national social protection policy; (b) the technical and financial feasibility of effective models of social rehabilitation and reintegration for children in conflict with the law, or in other difficult life circumstances, is documented to facilitate further replication of successful services by governmental, NGO and private organizations; (c) an interface for a dialogue between the Lebanese youth and the Government is established as a means to fill the existing communication gap and add youth's concerns and rights to the national social, economic and political reform agenda; (d) various community-based initiatives (such as NGO-run child-friendly spaces, youth clubs, municipal centres, etc.) are supported, providing children and young people with basic life skills, psychosocial support, job orientation and other developmental opportunities (with a special focus on out-of-school children and adolescents); citizenship initiatives, peace education, and the promotion of non-confessionalism and tolerance are in place and of particular value; (e) young Lebanese are mobilized for non-politicized, non-confessional development-oriented initiatives for the benefit of their own communities; and (f) successful models are identified and promoted for a comprehensive (information-skills-services) response to the threats of HIV/AIDS, drug use and tobacco addictions, with special attention given to vulnerable young populations. Emergency preparedness will include the mapping of NGOs equipped to provide psychosocial counselling services; data consolidation for enabling subsequent family tracing (in collaboration with the International Committee of the Red Cross); the pre-positioning of recreational kits; the printing of Mine Risk Education materials; stand-by arrangements with local media to launch immediate campaigns to prevent abuse and rights violations; and the mobilization of sufficient human resources capacity to secure UNICEF leadership in the child protection sub-cluster.

25. Several proven strategies will continue to make programmes more effective: a regularly updated knowledge base; effective alliances of stakeholders united around UNICEF in its capacity as a reputable politically unbiased organization; a reliance on capable NGO partners; the mobilization of local community efforts, enthusiasm and commitment; the appropriate involvement of children and young people in UNICEF-supported activities; the pragmatic use of existing infrastructures (public schools, Social Development Centres, PHC centres, various municipal establishments and organizations); a concentration of UNICEF-supported interventions in selected geographic areas having a high proportion of disadvantaged populations; evidence-based communication messages tailored to specific audiences; strategically chosen items procured as direct supplies to partners. These strategies will help to (a) guarantee sufficient credibility at the national policy-making level; and (b) maintain a vast field outreach network. They will assist in overcoming existing technical, cultural and other challenges and in providing models for scale-up and replication by the Government.

26. UNICEF-supported decentralized activities will focus on the most underserved of the country's 27 districts, nine to ten *Qazas* (the second administrative level after Governorates), having a total population of up to 1 million.

27. Given the highly volatile political and social environment, strengthening the emergency preparedness capacity of the country and of international agencies will be critical. All programmes will have a built-in contingency component aiming to guarantee minimal assistance standards through the immediate mobilization of pre-positioned internal and external humanitarian aid resources. Broad strategies to prepare for any sudden deterioration of the situation include the stand-by agreements with key field outreach actors (the Lebanese Red Cross and major national NGOs); the identification of partners, operational hubs, warehousing and distribution capacities in High Risk Areas for rapid interventions; the procurement and pre-positioning of minimum emergency supplies; the training of municipalities and local actors in broadening community participation in crisis response; the completion of minimum administrative preparations for organizational surge-capacity mobilization; and adherence to minimum operating security standards (MOSS) requirements to ensure the security of staff and assets.

28. The **cross-sectoral** component will include costs for salaries (such as for programme coordination), SITA charges, items related to general logistics, and emergency relocation preparedness.

Major partnerships

29. Relevant government Ministries and agencies will continue to be key partners, as will the Higher Council for Childhood, the Parliamentary Committee on Women and Children, international and national NGOs, academic institutions and the media. Partnerships with the business community will be expanded. Aligning UNICEF interventions with the World Bank's plans remains especially important given the Bank's leading role in health, education and social protection reform.

Monitoring, evaluation and programme management

30. Software-based monitoring tools will include DevInfo (run by the Central Administration for Statistics) and the UNICEF Programme Manager System (ProMS). Special data collection components will be included in the design of community-based activities, for obtaining baseline and progress information and for overcoming the scarcity of national socio-demographic statistics. Key data on ongoing cooperation agreements with counterparts (budgets, duration, locations and beneficiary coverage) are consolidated by the country office monitoring and evaluation focal point and are shared regularly within the office in order to improve information flow and linkages between programmes. Routine programme management indicators (such as levels of funds commitments and utilization, cash advancing and reporting status, donor reporting schedules, and quarterly programme implementation updates in ProMS, etc.) will continue to be monitored on a monthly basis.

Summary results matrix: Lebanon — UNICEF country programme 2008

Expected key results	Key progress indicators	Means of verification of results	Major partners, partner frameworks and programmes cooperation	Expected key results in this component will contribute to:
Country programme component: Policy analysis and advocacy for child rights				
• Statistical and factual data on the situation of children and women in Lebanon consolidated, analysed and presented for public debate and policy-making	• Completion of third multiple indicator cluster survey (MICS-3, 2007) • Production of an updated analysis of the situation of children and women in Lebanon • Installation of DevInfo at the Central Administration for Statistics (CAS) • Operationalization of DevInfo website	• UNICEF programme documentation; published MICS-3 materials • Availability of an updated situation analysis • CAS publications and data releases • Availability of a functioning DevInfo website	CAS, National Statistical Master Plan, Higher Council for Childhood, Ministry of Social Affairs, "shadow" reporting by NGOs on the implementation of the Convention on the Rights of the Child, national commitment to *A World Fit for Children* (WFFC) framework	UNDAF: not available yet MDGs: Eradicate extreme poverty and hunger (Goal 1) Develop a Global partnership for development (Goal 8)
• At least 25% of other resources mobilized for programme implementation originates from local fund-raising	• No less than 70% "success rate" in obtaining funding for donor proposals • Increase in number of local/regional donors to at least five	• UNICEF programme documentation and ProMS records	Tarek Juffali Foundation, Byblos Bank, other national and regional donors acting in the spirit of corporate social responsibility	UNDAF: not available yet MDG: Develop a global partnership for development (Goal 8)

Expected key results	Key progress indicators	Means of verification of results	Major partners, partner frameworks and programmes cooperation	Expected key results in this component will contribute to:
Country programme component: Child care and development				
• Achievement and stabilization of polio and measles immunization coverage rates at 80% nation-wide	• National expanded programme of immunization policy and implementation modalities (incl. Reaching Every District [RED] micro plans) developed and endorsed by the Ministry of Public Health • programme of immunization infrastructure (vaccines, cold chain equipment, vehicles, IT in place at the central and peripheral levels (with at least three newly established subnational hubs fully operational, in addition to the existing Central Cold Room) • Staff in 100% of public primary health care centres trained in vaccine management and cold chain maintenance techniques • 80% of parents and caregivers reached via nationally broadcast television programmes with immunization messages	• Pan Arab Project for Family Health (2004), MICS-3 (2007), WHO rapid assessments as baselines • Ministry of Public Health monitoring records, routine documentation and analytical reports • UNICEF project documentation • Rapid assessment surveys in selected districts • National mass media (incl. television) coverage measurements	Ministry of Public Health, national NGOs (YMCA and others involved in immunization activities), private clinics, professional associations, National expanded programme of immunization Technical Committee, WHO, World Bank – all acting within the framework of a national Health Sector Reform programme for 2007-2009	UNDAF: not available yet WFFC: Promoting healthy lives MDG: Reduce child mortality (Goal 4)

Expected key results	Key progress indicators	Means of verification of results	Major partners, partner frameworks and programmes cooperation	Expected key results in this component will contribute to:
• No less than 80% of women in targeted underserved districts* benefit from secured access to comprehensive, good quality Primary Health Care services	• Updated primary health care guidelines (with special focus on RH/maternal health and early childhood development practices) developed and endorsed by the Ministry of Public Health • Staff in 100% of public Primary Health Care dispensaries (Ministry of Public Health) and Social Development centres (Ministry of Social Affairs) in targeted districts are trained in accordance with updated guidelines • 80% of parents and caregivers reached via nationally broadcast television programmes with immunization messages	• Pan Arab Project for Family Health (2004), MICS-3 (2007), Living Conditions of Households Survey (2004) as baselines • Ministry of Public Health and Ministry of Social Affairs monitoring records, routine documentation and analytical reports • UNICEF project documentation • Rapid assessment surveys in selected districts • National mass media (incl. television) coverage measurements	Ministry of Public Health, Ministry of Social Affairs, national NGOs (YMCA and others involved in immunization activities), private clinics, professional associations, National expanded programme on immunization Technical Committee, WHO, World Bank, Italian Cooperation – all acting within the framework of a national Health Sector Reform programme for 2007-2009	UNDAF: not available yet WFFC: Promoting healthy lives MDG: Improve maternal health (Goal 5)

* UNICEF-supported programmes will focus on up to 9-10 most underserved out of the 27 provincial districts (*Qazas*, or the second administrative level after Governorates/*Mohafazats*).

Expected key results	Key progress indicators	Means of verification of results	Major partners, partner frameworks and programmes cooperation	Expected key results in this component will contribute to:
• At least 80% of population in target districts has access to safe drinking water	• 90% of all water systems work at any given time in target districts providing adequate quantity (at least 40 litres/day) of safe quality water • Water-quality monitoring and chlorination systems in place in all target districts	• Pan Arab Project for Family Health (2004), Living Conditions of Households Survey (2004), MICS-3 (2007) • Sector monitoring records, routine documentation and analytical reports generated by Lebanon's National Water Authorities and local municipalities • project reports from UNICEF and partner NGOs • Rapid assessment surveys and knowledge, attitude and practice (KAP) studies in selected districts	Ministry of Energy and Water, regional Water Establishments, Ministry of Public Health, Ministry of Environment, municipalities, WHO, UNDP, World Bank, European Union (EU), national and international NGOs, research institutions, private sector companies National master plans for sanitation and business plans for water supply (region-based), memorandums of understanding with National Water Authorities, project cooperation agreements with local municipalities and NGOs	UNDAF: not available yet WFFC: Promoting healthy lives MDG: Reduce child mortality (Goal 4) MDG: Improve maternal health (Goal 5) MDG: Ensure environmental sustainability (Goal 7)
• At least 70% of families in target districts benefit from improved hygiene behaviours	• At least 90% of all families in target districts have received, understood and act upon key information, education and communication messages on sanitation and hygiene	• Records and reports by municipalities and Ministry of Public Health • Project reports by UNICEF and partner NGOs • KAP surveys in targeted districts • Updates of MICS and living conditions of households survey	Ministry of Energy and Water, regional water establishments, Ministry of Public Health, Ministry of Environment, municipalities, WHO, UNDP, World Bank, EU, national and international NGOs, research institutions, private sector companies National master plans for sanitation and business plans for water supply	UNDAF: not available yet WFFC: Promoting healthy lives MDG: Reduce child mortality (Goal 4) MDG: Improve maternal health (Goal 5)

Expected key results	Key progress indicators	Means of verification of results	Major partners, partner frameworks and programmes cooperation	Expected key results in this component will contribute to:
			(region-based), memorandums of understanding with National Water Authorities, project cooperation agreements with local municipalities and NGOs	MDG: Ensure environmental sustainability (Goal 7)
• At least 60% of schoolchildren in target schools benefit from water and sanitation services and safe hygiene behaviours	• 80% of schools in target districts teach sanitation and hygiene using appropriate teaching and learning materials and methodologies • 70% of schoolchildren in target schools know key hygiene messages and can demonstrate key hygiene practices • 150 of schools in target districts have functioning safe water systems and appropriate number of functioning toilets for both females and males	• Ministry of Education and Ministry of Public Health records and reports • Project reports by UNICEF and partner NGOs • Rapid assessment surveys in selected districts	Ministry of Energy and Water, regional water establishments, Ministry of Public Health, Ministry of Environment, municipalities, WHO, UNDP, World Bank, EU, national and international NGOs, research institutions, private sector companies National master plans for sanitation and business plans for water supply (region-based), memorandums of understanding with National Water Authorities, project cooperation agreements with local municipalities and NGOs	UNDAF: not available yet WFFC: Promoting healthy lives MDG: Reduce child mortality (Goal 4) MDG: Improve maternal health (Goal 5) MDG: Ensure environmental sustainability (Goal 7)
• At least 80% of existing staff in target districts have appropriate training and preparedness to carry out their day to day functions regarding water quality, individual	• 80 of existing water and environmental sanitation staff in target districts have appropriate training to carry out their jobs	• Project records and reports • Sector monitoring reports • Rapid assessment surveys in selected districts	Ministry of Energy and Water, regional water establishments, Ministry of Public Health, Ministry of Environment, municipalities, WHO, UNDP, World Bank, EU, national and international	UNDAF: not available yet WFFC: Promoting healthy lives

Expected key results	Key progress indicators	Means of verification of results	Major partners, partner frameworks and programmes cooperation	Expected key results in this component will contribute to:
sanitation and hygiene promotion	• 80 % of all public water supply systems in target districts provides treated drinking water • 80 % of all target districts have plans for water treatment , individual sanitation and hygiene programs		NGOs, research institutions, private sector companies National master plans for sanitation and business plans for water supply (region-based), memorandums of understanding with national water authorities, project cooperation agreements with local municipalities and NGOs	MDG: Reduce child mortality (Goal 4) MDG: Improve maternal health (Goal 5) MDG. Ensure environmental sustainability (Goal 7)
• Regular updates of key sector information, research trends, experiences and lessons learned, with their analyses made available for national decision-making in policy and strategy development and priority-setting	• Sector monitoring mechanism in place with key indicators on coverage and water quality • Studies and analysis of sector undertaken and results used to feed into national decision-making mechanism • Sector-related field experiences and lessons learned fed into UNICEF overall advocacy strategy for child rights	• Availability of periodic updates of sector research and trends showing achievements, constraints, opportunities, critical gaps, disparities and lessons learned • Availability of updated Situation Analyses	Ministry of Energy and Water, regional water establishments, Ministry of Public Health, Ministry of Environment, municipalities, WHO, UNDP, World Bank, EU, national and international NGOs, research institutions, private sector companies National master plans for sanitation and business plans for water supply (region-based), memorandums of understanding with national water authorities, project cooperation agreements with local municipalities and NGOs	UNDAF: not available yet WFFC: Promoting healthy lives MDG: Reduce child mortality (Goal 4) MDG: Improve maternal health (Goal 5) MDG: Ensure environmental sustainability (Goal 7)

Expected key results	Key progress indicators	Means of verification of results	Major partners, partner frameworks and programmes cooperation	Expected key results in this component will contribute to:
Country programme component: Learning				
• Comprehensive **"School as a community centre for all"** model fully operationalized in 20 public schools in pilot locations	• Elements of a comprehensive "child-friendly" school package (participatory class management, detection of learning difficulties, remedial classes, health and life skills education, child rights and citizenship promotion, cultural and environmental initiatives, sports and leisure activities, adult education, interaction with parents and communities) are in place in piloted locations • Continuous other resources funding for the model secured with an average bi-annual allocation of $100,000 per school • Documentation/evaluation of the model completed	• UNICEF and partner NGOs project documentation • School records in pilot locations	Ministry of Education and Higher Education, Centre for Educational research and development, Ministry of Social Affairs, national NGOs, UNESCO, WHO, World Bank, private sector donors – all acting within the framework of a national Education Sector Reform programme for 2007 – 2012 and National Education Strategy (to be approved in 2007)	UNDAF: not available yet WFFC: Providing quality education MDGs: Achieve universal primary education (Goal 2) Promote gender equality and empower women (Goal 3)
• **"Health/life skills education"** programme introduced in public schools reaching at least 60% of students aged 9–15 (i.e. within the basic education cycle) in selected districts	• "Health/Life skills education" programme content (modules) developed and endorsed by the Ministry of Education and Higher Education and Ministry of Public Health • Implementation modality (combination of	• PAPFAM (2004), Living Conditions of Households survey (2004), global school health survey (2005), KAP on HIV/AIDS matters (2005), opinion polls among school children as baselines • Ministry of Education and Higher Education monitoring reports and documentation	Ministry of Education and Higher Education, Centre for Educational Research and Development, Ministry of Public Health, national NGOs, United Nations Educational, Scientific and Cultural Organization, WHO, World Bank – all acting within the framework	UNDAF: not available yet WFFC: Promoting healthy lives; combating HIV/AIDS

Expected key results	Key progress indicators	Means of verification of results	Major partners, partner frameworks and programmes cooperation	Expected key results in this component will contribute to:
	in-school and external training resources) developed and agreed with the Ministry of Education and Higher Education	• UNICEF and partner NGOs project documentation • School records in pilot locations	of a national Education Sector Reform programme for 2007 – 2012 and National Education Strategy (to be approved in 2007)	MDGs: Promote gender equality and empower women (Goal 3) Improve maternal health (Goal 5) Combat HIV/AIDS (Goal 6) Ensure environmental sustainability (Goal 7)
Country programme component: Young people's empowerment and protection				
• **National strategy for transformation of residential care facilities** into day-care and family support centres developed and endorsed by the Ministry of Social Affairs and the Ministry of Education and Higher Education	• National inventory of viable family-based care models completed • Financial and administrative modalities of the Ministry of Social Affairs' support to family-based forms of care standardized and budgeted	• National census of child care institutions (2006) as a baseline • Ministry of Social Affairs records and monitoring documentation	Ministry of Social Affairs, Ministry of Education and Higher Education, national NGOs and academic institutions, Higher Council for Childhood, Save the Children (UK), World Bank, UNICEF-led technical group on de-institutionalization – acting in the framework of Paris III reform package in the part related to social safety nets	UNDAF: not available yet WFFC: Providing quality education MDG: Eradicate extreme poverty and hunger (Goal 1) Achieve universal primary education (Goal 2)

Expected key results	Key progress indicators	Means of verification of results	Major partners, partner frameworks and programmes cooperation	Expected key results in this component will contribute to:
				Millennium Declaration, Section VI (preventing and responding to violence, exploitation and abuse)
• At least 30% of juvenile offences registered annually are handled within a proper **juvenile justice** framework (including the application of measures alternative to detention)	• "Protective environment" model operational in all five Governorates offering social rehabilitation and re-integration opportunities to young law offenders • Documentation/evaluation of the model completed • Relevant Ministries' commitment to sustainable funding of the model (incl. social workers' staffing capacity) formalized in their annual work plans and budgets	• Ministry of Justice records, monitoring and normative documentation • United Nations Office on Drugs and Crime (UNODC) data on juvenile justice matters • UNICEF and partner NGOs project documentation	Ministry of Justice, Ministry of Social Affairs, national NGOs and academic institutions, Higher Council for Childhood, UNODC – acting within a joint UNODC/UNICEF/Ministry of Justice cooperation framework on Juvenile Justice	UNDAF: not available yet WFFC: Protecting against abuse, exploitation and violence Millennium Declaration, Section VI (preventing and responding to violence, exploitation and abuse)

Expected key results	Key progress indicators	Means of verification of results	Major partners, partner frameworks and programmes cooperation	Expected key results in this component will contribute to:
• An estimated proportion of **child abuse** cases referred to appropriate child protection systems brought to at least 25% in targeted districts	• Child abuse reporting and referral mechanisms (based on existing governmental organizations and NGOs infrastructure) established and operational in at least two out of five Governorates • Unified guidelines for detection and follow-up on cases of child abuse and violent treatment developed and endorsed by relevant Ministries • Staff in 100% of referral centres in targeted districts trained in accordance with the above guidelines	• Relevant ministries' records and normative documentation • UNICEF and partner NGOs' project documentation	Ministry of Social Affairs, Ministry of Justice, Ministry of Education and Higher Education, national and international NGOs and academic institutions, Higher Council for Childhood (HCC), Save the Children (Sweden) – cooperating on the platform of the HCC's Committee on Child abuse matters	UNDAF: not available yet WFFC: Protecting against abuse, exploitation and violence Millennium Declaration, Section VI (preventing and responding to violence, exploitation and abuse)
• No less than 60% of **children and young people** (with a special focus on out-of-school children aged 13–18) in target underserved districts[8] benefit from access to *non-school-based* life skills education, psycho-social support, economic empowerment schemes and other **developmental opportunities**	• NGO capacities mobilized to reach child and youth population in targeted districts with development-oriented initiatives • Content of their interventions streamlined, with appropriate quality standards endorsed by relevant Ministries • Staff in 100% of partner NGOs trained in	• PAPFAM (2004), Living Conditions of Households survey (2004), Global School Health survey (2005), KAP on HIV/AIDS matters (2005), opinion polls among school and university students (2006), International Labour Organization data on child labour as baselines • UNICEF and partner NGOs' project documentation	National and international NGOs, local municipalities and community activists, HCC, Ministry of Education and Higher Education, National Demining Office, academic institutions, World Bank – cooperating with UNICEF through bilateral Project Cooperation Agreements and organized as a UNICEF-led Child protection cluster (in place since Lebanon Emergency in Summer 2006)	UNDAF: not available yet WFFC: Protecting against abuse, exploitation and violence Millennium Declaration, Sections III (empowerment of women to combat poverty

[8] UNICEF-supported programmes will focus on up to 9 most underserved out of the 27 provincial districts (*Qadas*)

Expected key results	Key progress indicators	Means of verification of results	Major partners, partner frameworks and programmes cooperation	Expected key results in this component will contribute to:
	accordance with the above quality standards • 100% of partner NGOs included in active networking (information and resource-sharing, joint planning) through web-exchanges and UNICEF-led cluster coordination			and stimulate development) and V (genuine participation by all citizens, including children and young people)